

Questionnaire for Impulsive-Compulsive Disorders in Parkinson's Disease (QUIP-Anytime During PD-Full)

Reported by: _____ Patient _____ Informant* _____ Patient and Informant

Patient name: _____

Date: _____

*If information reported by an informant, answer questions based on your understanding of the patient.

Answer ALL QUESTIONS based on BEHAVIORS ANYTIME DURING PD
LASTING AT LEAST 4 WEEKS

A. IMPULSE CONTROL DISORDERS

1. Do [Did] you or others think that you have [had] an issue with too much gambling, sex, buying, or eating behaviors? Answer for all four behaviors listed below.

Gambling (such as casinos, internet gambling, lotteries, scratch tickets, betting, or slot or poker machines) _____ Yes _____ No

Sex (such as making sexual demands on others, promiscuity, prostitution, change in sexual orientation, masturbation, internet or telephone sexual activities, or pornography) _____ Yes _____ No

Buying (such as too much of the same thing or things that you don't need or use) _____ Yes _____ No

Eating (such as eating larger amounts or different types of food than in the past, more rapidly than normal, until feeling uncomfortably full, or when not hungry) _____ Yes _____ No

2. Do [Did] you think too much about the behaviors below (such as having trouble keeping thoughts out of your mind or feeling guilty)?

Gambling _____ Yes _____ No

Sex _____ Yes _____ No

Buying _____ Yes _____ No

Eating _____ Yes _____ No

3. Do [Did] you have urges or desires for the behaviors below that you feel are [felt were] excessive or cause [caused] you distress (including becoming restless or irritable when unable to participate in the behavior)?

Gambling _____ Yes _____ No

Sex _____ Yes _____ No

Buying _____ Yes _____ No

Eating _____ Yes _____ No

4. Do [Did] you have difficulty controlling the behaviors below (such as increasing them over time, or having trouble cutting down or stopping them)?

Gambling _____ Yes _____ No

Sex _____ Yes _____ No

Buying _____ Yes _____ No

Eating _____ Yes _____ No

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5. Do [Did] you engage in activities specifically to continue the behaviors below (such as hiding what you are [were] doing, lying, hoarding things, borrowing from others, accumulating debt, stealing, or being involved in illegal acts)?

Gambling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sex	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Buying	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eating	<input type="checkbox"/> Yes	<input type="checkbox"/> No

B. OTHER BEHAVIORS

1. Do [Did] you or others think that you spend [spent] too much time....

A. On specific tasks, hobbies or other organized activities (such as writing, painting, gardening, repairing or dismantling things, collecting, computer use, working on projects, etc.)? ☐ **Yes** ☐ **No**

B. Repeating certain simple motor activities (such as cleaning, tidying, handling, examining, sorting, ordering, or arranging objects, etc.)? ☐ **Yes** ☐ **No**

C. Walking or driving with no intended goal or specific purpose? ☐ **Yes** ☐ **No**

2. Do [Did] you or others think you have [had] difficulty controlling the amount of time spent on these activities? ☐ **Yes** ☐ **No**

3. Do [Did] these activities interfere with daily functioning, or cause relationship or work difficulties? ☐ **Yes** ☐ **No**

C. MEDICATION USE

1. Do [Did] you or others (including your physicians) think that you consistently take [took] too much of your Parkinson's medications? ☐ **Yes** ☐ **No**

2. Have [Had] you over time increased on your own, without medical advice, your overall intake of Parkinson's medications for psychological reasons, such as improved mood or motivation? ☐ **Yes** ☐ **No**

3. Have [Had] you over time increased on your own, without medical advice, your overall intake of Parkinson's medications because you only feel fully "on" when you are dyskinetic? ☐ **Yes** ☐ **No**

4. Do [Did] you have difficulty controlling your use of Parkinson's medications (such as experiencing a strong desire for more medication, or having worse mood or feeling unmotivated at a lower dosage)? ☐ **Yes** ☐ **No**

5. Do [Did] you hoard or hide your Parkinson's medications to increase the overall dosage? ☐ **Yes** ☐ **No**